FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB API	PROVAL
OMB Number: Expires: Estimated average hours per form	January 31, 2009 burden
SEC US	E ONLY
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Name of Offering	(☐ check if this is an	amendment and name	has changed, and i	ndicate change.)		
Limited Partnership I	nterests of BNY Mello	on Private Equity Fun	d VI, LP			
Filing Under (Check be	ox(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(6)	¢⊠(Ul(OE/}
Type of Filing:	New Filing	Amendment				Mail Processing
		A. BASI	CIDENTIFICAT	ION DATA		Section
1. Enter the informa	tion requested about th	e issuer				IVG KY YOUR
Name of Issuer	check if this is an a	mendment and name h	nas changed, and in	dicate change.		
BNY Mellon Private E	quity Fund VI, LP					Nachinaton, DC
Address of Executive (	Offices		(Number and Street	et, City, State, Zip Co		lumber (lijchuding Area Code)
One Mellon Center, 3	9 <sup>th</sup> Floor, Pittsburgh,	PA 15258	PROC	ESSEN		
Address of Principal O	ffices	· <del>-</del>	(Number and Street	et, City, State, Zip Co	ode) Telephone N	lumber (Including Area Code)
(if different from Execu	tive Offices)		LER 0	<b>6</b> 2009		
Brief Description of Bu	siness: private in	vestment company	THOMSON	Instruct 4		
Type of Business Orga	nization			1110		
	corporation	🖾 limited p	artnership, already	formed	othei	09002157
	business trust	_ limited p	eartnership, to be fo	med		• •
			Month	Yea	r	
Actual or Estimated Da	ate of Incorporation or C	Organization:	1 0	0		ctual Estimated
Jurisdiction of Incorpor	ation or Organization:	(Enter two-letter U.S. F	Postal Service Abbre	eviation for State;		
		CI	N for Canada; FN fo	r other foreign jurisd	iction)	) E
		<del></del>	<del></del>		<del> </del>	

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DATA	A						
<ul> <li>Each promoter of th</li> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual):	Mellon Private Equit	y, LL.C	•						
Business or Residence Addr 15258	ess (Number and	d Street, City, State, Zip Coo	de): c/o Mellon Bank, N	I.A., One Mellon	Center, 39 <sup>th</sup> Floor, Pittsburgh, PA					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual):	Vidnovic, Nick	-							
Business or Residence Addr 15258	ess (Number and	Street, City, State, Zip Coo	de): c/o Mellon Bank, N	N.A., One Mellon	Center, 39 <sup>th</sup> Floor, Pittsburgh, PA					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Add	ess (Number and	d Street, City, State, Zip Coo	de):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		, , ,					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Add	ess (Number and	d Street, City, State, Zip Coo	de):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Adda	ress (Number and	Street, City, State, Zip Coo	de):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Add	ess (Number and	d Street, City, State, Zip Coo	de):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Adda	ess (Number and	1 Street, City, State, Zip Coo	de):	····						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					

	B. INFORMATION ABOUT OFFERING												
1. +	as the issue	er sold, or o	does the is	suer inten			edited inve				*******	☐ Yes	⊠ No
0 1	21			L-4 511 L-					-			¢0E/	0.000**
2. V	/hat is the m	nı muminir	vestment t	nat will be	accepted	trom any i	naiviauai?	***************************************			••••••		0,000** pe waived
	oes the offe											Yes	□No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N	ıme (Last na	arne first, if	f individual	)						·			
Busine	ess or Resid	ence Addr	ess (Numb	er and St	reet, City,	State, Zip	Code)		•				
Name	of Associate	ed Broker	or Dealer				<del> </del>			•			
	in Which Po												☐ All States
[AL			☐ [AR]		•						[HI]	□ [ID]	<b>_</b>
	☐ [IN]	☐ [IA]	□ [KS]	□ [KY]	□ [LA]	[ME]	[MD]	[MA]		□ [MN]	[MS]	[MO]	
□ [M	] [NE]	□ [NV]	□ [NH]	□ [NJ]	[MM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	[PA]	
☐ [RI	□ (sc)	☐ (SD)	[NT]	[хт] □	[עד]		□ [VA]	□ [WA]	□ [WV]	[Wi]	□ (WY)	□ (PR)	
Full N	ame (Last na	ame first, if	f individual	)			,						
Busine	ss or Resid	ence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)						
Name	of Associate	ed Broker o	or Dealer			<del></del>					· · · · · · · · · · · · · · · · · · ·		
	in Which Pe Check "All S									*****			☐ All States
☐ [AL			□ [AR]								[HI]	[ID]	
	□ [IN]	□ [IA]	□ [KS]	[KY]	[] [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
[M]	] [NE]	□ [NV]	□ [NH]	[NJ]	[MM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]			[PA]	
	☐ [SC]	☐ (SD)	[NT]	□ (TX)		□ (VT)	□ [VA]	[WA]	[WV]	[WI]		☐ [PR]	
Full Na	ıme (Last na	ame first, if	individual	)					·· <u>·</u> ····				
Busine	ss or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						***************************************
Name	of Associate	ed Broker o	or Dealer				-						
	in Which Pe Check "All S							************					☐ All States
□ [AL	] 🔲 [AK]	☐ [AZ]	[AR]	CA]	☐ [CO]	□ [CT]	[] (DE)	□ [DC]	☐ [FL]	☐ [GA]	□ [Hi]	[ID]	
	[IN]	☐ [IA]	□ [KS]	□ [KY]	☐ [LA]	□ [ME]	[MD]	[MA]	☐ [MI]	□ [MN]	☐ [MS]	[MO]	
[M]	] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	[OH]	□ [OK]	□ (OR)	☐ [PA]	
□ [RI]	☐ [SC]	☐ [SD]	[NT]	[XT]	[TU]	[VT]	□ [VA]	□ [WA]	[WV]	[wi]	[WY]	□ (PR)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND U	SE OF PROCE	EDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	<u>\$</u>	0
	Equity	<u>\$</u>	0	\$	00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	<u>\$</u>	0
	Partnership Interests	\$	250,000,000	\$	11,670,000
	Other (Specify)	\$	00	\$	00
	Total	\$	250,000,000	\$	11,670,000
	Answer also in Appendix, Column 3, if filing under ULOE			-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		97	\$	11,670,000
	Non-accredited Investors		0	\$_	0
	Total (for filings under Rule 504 only)		0	\$_	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	<u>\$</u>	N/A
	Regulation A		N/A	\$_	N/A
	Rule 504		N/A	\$_	N/A
	Total		N/A	<u>\$</u> _	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$_	0
	Printing and Engraving Costs		🗆	\$	0
	Legal Fees		🔯	\$	106,718
	Accounting Fees		🗖	\$_	0_
	Engineering Fees		🗆	\$	0
	Sales Commissions (specify finders' fees separately)		🗆	s	. 0
	Other Expenses (identify)	••••	🗖	\$	0
	Total	•••••	🛛	\$_	106,718

	C. OFFERING PRICE, NUMBER C	THE INVESTORS, EXP	ENSES A	IND USE OF F		<del>'</del>	
4	b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Part C "adjusted gross proceeds to the issuer."	ence is the		<u>\$</u>	24	9,893,282	
5	Indicate below the amount of the adjusted gross proceeds to tused for each of the purposes shown. If the amount for any p estimate and check the box to the left of the estimate. The tol	urpose is not known, furnis tal of the payments listed m	h an ust equal				
	the adjusted gross proceeds to the issuer set forth in response	e to Part C - Question 4.0.	above.	Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees			\$	🗆	<u>\$</u>	
	Purchase of real estate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	o	<u>\$</u>	
	Purchase, rental or leasing and installation of machine	ry and equipment		\$		<u>\$</u>	<u></u>
	Construction or leasing of plant buildings and facilities.		а	\$	🗆	\$	
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of th	securities involved in this					
	pursuant to a merger		~ <sub>□</sub>	\$	0	\$	
	Repayment of indebtedness			\$	0	\$	
	Working capital		· 🗖	\$	🛛	<u>\$</u>	249,893,282
	Other (specify):			\$	□	<u>\$</u>	
				\$	🗆	\$	
	Column Totals			\$	🛛	<u>\$</u>	<u>249.893.28</u> 2
	Total payments Listed (column totals added)	(**************************************		×	\$ 249.8	893,	282
				<u></u>			
		FEDERAL SIGNATU					
CO	is issuer has duly caused this notice to be signed by the under- institutes an undertaking by the issuer to furnish to the U.S. Sec the issuer to any non-accredited investor pursuant to paragrap	curities and Exchange Corr	son. If this n imission, upo	otice is filed under on written request o	Rule 505, the of its staff, the	ofollov inform	ving signature nation furnished
	suer (Print or Type) VI ellon Private Equity Fund , LP	inature		-	Date	/ع <sub>ا</sub>	109
		e of Signer (Print or Type)				l O.	tona Francisco
Nic	ck Vidnovic Nic	ck Vidnovic on behalf of I	Mellon Bank	k, N.A., as sole me	mber of Mel	ion Pr	ivate Equity,
						•	
		ATTENTION					
_	Intentional misstatements or omissions	of fact constitute federal	criminal vi	olations. (See 18	J.S.C. 1001.)	)	

## E. STATE SIGNATURE

Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) VT, LP Mellon Private Equity Fund	Signature L. L.	Date 1/21/09
Name of Signer (Print or Type) Nick Vidnovic	Title of Signer (Print or Type) Nick Vidnovic on behalf of Mellon Bank, N.A., as sole member	er of Mellon Private Equity, LLC

### Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manuall not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX						
1		-	3		4		<u>, ,</u>	5	<u></u>		
	Intend to non-ac investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes No		Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Yes	No			
AL	-										
AK		_							<u> </u>		
AZ											
AR											
CA		Х	\$250,000,000	6	\$350,000	0	\$0		X		
СО		Х	\$250,000,000	2	\$562,500	0	\$0		х		
СТ		x	\$250,000,000	3	\$187,500	0	\$0		X		
DE		Х	\$250,000,000	1	\$125,000	0	\$0		х		
DC	-										
FL		Х	\$250,000,000	5	\$375,000	0	\$0		×		
GA											
Н1											
ID											
IL		х	\$250,000,000	1	\$200,000	0	\$0		X		
IN		Х	\$250,000,000	1	\$62,500	0	\$0		х		
IA											
KS											
KY											
LA											
ME		Х	\$250,000,000	2	\$187,500	0	\$0		X		
MD											
MA		×	\$250,000,000	16	\$962,500	0	\$0		X		
MI											
MN											
мѕ											
мо											
МТ						·			<u> </u>		
NE											
NV											
NH	<del> </del>	-									
NJ		x	\$250,000,000	4	\$250,000	0	\$0		х		
NM	† -										

				АРГ	PENDIX					
1	:	2	3			4		5		
	to non-a investor:	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		х	\$250,000,000	2	\$250,000	0	\$0		х	
NC		х	\$250,000,000	2	\$500,000	0	\$0		х	
ND										
он		х	\$250,000,000	2	1,037,500	0	\$0		х	
ок										
OR										
PA		х	\$250,000,000	34	\$5,300,000	0	\$0		X	
RI										
sc		х	\$250,000,000	7	\$362,500	0	\$0		х	
SD										
TN										
TX		Х	\$250,000,000	3	\$362,000	0	\$0		х	
UT		X	\$250,000,000	1	\$70,000	0	\$0		х	
VT					· ·					
VA										
WA		Х	\$250,000,000	4	\$462,500	0	\$0		X	
wv										
WI		Х	\$250,000,000	1	\$62,500	0	\$0		X	
WY										
PR										

